

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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12 FEB 2012 OCT 17 AM 11:39

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT

Example: If typing, type over the lines.

ALLEN COUNTY RIGHT TO LIFE INC
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

3409 CONESTOGA DR SUITE A

Check if different than previously reported. (ACC)

FORT WAYNE IN 46808

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00235861

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - May 20 (M5)
 - Aug 20 (M8)
 - Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3)
 - Jun 20 (M6)
 - Sep 20 (M9)
 - Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

Election on [MEM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- General (30G)
 - Runoff (30R)
 - Special (30S)

Election on [MEM] / [DD] / [YYYY] in the State of []

5. Covering Period

07 01 2012 through 09 30 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: ANNE M. WALL

Signature of Treasurer

Anne M. Wall

Date

10 12 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X
Rev. 12/2004

12030912565

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

C 00235861

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

07 ' 01 ' 2012

To:

09 ' 30 ' 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		24168
(b) Cash on Hand at Beginning of Reporting Period.....	24168	
(c) Total Receipts (from Line 19).....	214301	214301
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	238469	238469
7. Total Disbursements (from Line 31).....	37500	37500
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	200969	200969
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12030912566

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ALLEN COUNTY RIGHT TO LIFE INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 07 01 2012 To: 09 30 2012

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest etc.) **BANK INT.**

18. Transfers from Non-Federal and Levin Funds
(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....

214300
214300

214300
214300

01

01

214301

214301

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DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	37500	37500
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	37500	37500
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) ALLEN COUNTY RIGHT TO LIFE INC Political Action Committee	FEC IDENTIFICATION NUMBER C00235861
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee MIKE PENCE FOR INDIANA COMMITTEE	Date 09 / 18 / 2012
Mailing Address P.O. Box 1038	Amount 250.00
City ANDERSON	State IN
Zip Code 46015	
Purpose of Expenditure SUPPORT CANDIDATE	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: MIKE PENCE	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President GOVERNOR
Calendar Year-To-Date Per Election for Office Sought	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee IN HOUSE REPUBLICAN CAMPAIGN COM.	Date 09 / 21 / 2012
Mailing Address 47 SOUTH MERIDIAN ST.	Amount 7500
City INDIANAPOLIS	State IN
Zip Code	
Purpose of Expenditure SUPPORT CANDIDATES	Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: KATHY HEUER	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President STATE HOUSE
Calendar Year-To-Date Per Election for Office Sought	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures	32500
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Quaelwell
Signature

Date **10 / 12 / 2012**

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**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) ALLEN COUNTY RIGHT TO LIFE INC Political Action Committee	FEC IDENTIFICATION NUMBER ▼ CD0239861
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee MARTIN CARBAUGH FOR STATE REP		Date 09 / 21 / 2012	
Mailing Address 7928 CLARIDGE PLACE		Amount 50.00	
City FORT WAYNE	State IN	Zip Code 46825	
Purpose of Expenditure SUPPORT CANDIDATE	Category/Type	Office Sought: STATE REP	State: IN
Name of Federal Candidate Supported or Opposed by Expenditure: MARTIN CARBAUGH		<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought:	State:
Name of Federal Candidate Supported or Opposed by Expenditure:		<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____	Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	37.500

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature: *Quinn Wall* Date: **10 / 12 / 2012**

12030912570

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
10/12/12

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

AD
 PREPARER

10/17/12
 DATE PREPARED

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